

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44487
STATE FILE NUMBER
5621

FILED DEC 18 1957

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

5621

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) Gen'l Hosp. #1				Length of stay in lb 22 yrs.		d. STREET ADDRESS (If outside, give location) 315 W. 9	
3. NAME OF DECEASED (Type or print) Joseph				Last Masden		4. DATE OF DEATH Month 11 Day 24 Year 1957	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 5-2-1896	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown				10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and state or country) Kentucky	
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes				16. SOCIAL SECURITY NO. —		17. INFORMANT Record Clerk Address Gen Hosp #1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Chronic pyelonephritis DUE TO (c) 16500 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION - COUNTY STATE		
21. I attended the deceased from Nov. 16, 1957 to Nov. 24, 1957 and last saw him alive on Nov. 24, 1957 Death occurred at 6:37 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R. E. Masden, M.D.			22b. ADDRESS 24th & Cherry			22c. DATE SIGNED 11-25-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-29-57		23c. NAME OF CEMETERY OR CREMATORY National Military Cem		23d. LOCATION (City, town, or county) (State) Leavenworth Kans.	
24. FUNERAL DIRECTOR R. E. Masden			ADDRESS R. E. Masden		25. DATE RECD. BY LOCAL REG. 11-27-57		26. REGISTRAR'S SIGNATURE Mera Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. I. BURNS

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. E. Deilert

Licensed Embalmer No. 4075

P. O. Address K. P. 8 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.